

INSTRUCTIONS FOR APPLYING FOR PEDIATRIC DENTISTRY SPECIALTY LICENSE

Your specialty application must be accompanied by a check in the amount of \$60.00 payable to the Kentucky Board of Dentistry. The completed application and fee must be received in the Board office at least thirty (30) days prior to the examination date or you will not be eligible to take the examination.

The specialty examination is administered at the Kentucky Board of Dentistry, 312 Whittington Pkwy, Suite 101, Louisville, KY 40222. You should report at _____. The next examination will be administered on _____.

QUALIFICATION FOR APPLYING FOR SPECIALTY LICENSURE

1. You must possess satisfactory moral and ethical standing in the dental profession.
2. You must be currently licensed to practice dentistry in the Commonwealth of Kentucky.
3. Once you obtain your specialty license, you must limit your practice to that particular specialty.
4. You must submit satisfactory evidence to the Board that you have completed a period of not less than two (2) years study in graduate or postgraduate courses after graduation from an accredited dental school.
5. You must meet the minimum requirements for membership in the respective American specialty organizations recognized by the American Dental Association.

ORAL EXAMINATION

Questions in this portion of the examination will aid in the evaluation of the candidate's abilities to diagnose and plan treatment for the unusual as well as the common oral disorders due to development or disease. It may include questions regarding problems of eruption, tooth development, histology and embryology, caries and periodontal disorders, growth and development, trauma to anterior teeth, oral pathology and oral medicine, and hospital dentistry.

TREATMENT PLANNING

The purpose of this section is to allow the candidate to formulate a treatment plan from information provided on three (3) different patients. The three cases will include trauma, comprehensive restorative (including pulp therapy), and interceptive orthodontics. Materials provided will include detailed medical and dental histories, pre-op full mouth radiographs, pre-op models and pre-op photographs. The candidate will be required to examine the presented material and formalize a treatment plan including medical management, emergency treatment, restorative treatment, sequence of treatment, preventive measures and future observations.

**FOR FURTHER INFORMATION PLEASE CONTACT:
KENTUCKY BOARD OF DENTISTRY
312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE, KENTUCKY 40222
(502) 429-7280**